

**State of Nevada  
Emergency Response Commission**

**OPTE Application**

Operational, Planning, Training, and Equipment  
Fiscal Year 2026

For State Agencies

The completed application must be delivered or  
postmarked by the noted due date

**Due Date: March 21, 2025**

---

State Emergency Response Commission  
107 Jacobsen Way  
Carson City, NV 89711

[serc@dps.state.nv.us](mailto:serc@dps.state.nv.us)

(775) 684-7511

# STATE EMERGENCY RESPONSE COMMISSION (SERC)

## OPTE Application Kit

FY2026

### For State Agencies

The SERC has developed this application kit as a template for state agencies to apply for the SERC Operation, Planning, Training, and Equipment allocation. Application and award of allocations are managed pursuant to SERC policy 8.2. The source of funding is derived from fees collected from SARA Title III facilities within the State that store and/or produce hazardous materials in specified amounts. As these are State funds, there is no Catalog of Federal Domestic Assistance (CFDA) number associated with this allocation.

The allocation project period is July 2025 through June 2026. Allocation funds will be distributed on a reimbursement basis. However, the state agency may request advance funding for expenses over \$2,000, policy 8.5

State agencies are eligible for funding through this allocation if they are in compliance with the Emergency Planning and Community Right-to-Know Act (EPCRA), Nevada Administrative Code (NAC), and SERC policies. SERC policies may be reviewed at <http://serc.nv.gov>.

The format is as follows:

- I. **Goals** - Identify what the agency would like to accomplish with the requested funds to prevent, mitigate and/or respond to hazardous materials incidents. Provide detailed proposed planning, training and equipment needs for the period July 2025 through June 2026.
- II. **Objectives** - Identify the specific approaches to achieve the goals through prevention of, mitigation of and/or response to hazardous materials incidents. Objectives need to be specific and measurable.
- III. **Line Item Budgets** – List each item as a line item on the budget page. **The allocation request shall be for NO MORE THAN \$36,000 (this includes the \$4,000.00 in Operations).**

- IV. Budget Narrative** – Remember to comply with SERC Policy 8.2 related to the required quotes or sole source for appropriate purchases. If you have questions, please contact the SERC office.

Provide an explanation for items that do not correspond with the declared level of response due to formal agreements with other entities

**After completing the application, a PDF version e-mailed to the SERC is preferred with any additional pages included e.g., quotes, letter of denial, etc. or you may submit the entire application package with all attachments by mail.**

If you submit electronically and do not receive confirmation of receipt within 24 hours or two business days, please follow-up with the SERC.

Please call SERC staff at (775) 684-7511 if you need assistance.

**Application must be received in this office or postmarked by **March 21, 2025**:**

**[serc@dps.state.nv.us](mailto:serc@dps.state.nv.us)**

State Emergency Response Commission  
107 Jacobsen Way  
Carson City, NV 89711

Please be prepared to make a presentation of your grant application to the Planning & Training Sub-Committee and Funding Committee. The date and location of the meetings to be announced.

# APPLICATION CHECK SHEET

## A COMPLETE APPLICATION MUST INCLUDE THE FOLLOWING

- ☐ Title Page
- ☐ Goals of this allocation
- ☐ Objectives of this allocation
- ☐ Line Item Budget
- ☐ Budget Narrative
- ☐ If Training – Brochure and GSA Rates
- ☐ Certified Assurances
- ☐ Compliance Certification (signed by Stage agency department head)
- ☐ Level of Response Questionnaire
- ☐ Electronic version e-mailed to [SERC@dps.state.nv.us](mailto:SERC@dps.state.nv.us)
- ☐ Copy of Hazardous Materials Emergency Response Plan

**The application must be delivered to this office or  
postmarked by **March 21, 2025****

**STATE EMERGENCY RESPONSE COMMISSION  
2026 OPT E APPLICATION  
TITLE PAGE**

**Applicant:** Nevada Department of Public Safety, Capitol Police Division

**Address:** 101 N. Carson St. Carson City, NV 89701

**State Agency Project Manager:**

**Name:** John Letos Jr.

**Title:** Chief

**Address:** 101 N. Carson St.

**City/Zip:** Carson City, 89701

**Phone:** 775-684-4542

**Fax:**

**E-mail:** jletos@dps.state.nv.us

**State Agency Fiscal Officer:**

**Name:** Kristi Defer

**Title:** Administrative Services  
Officer IV

**Address:** 555 Wright Way

**City/Zip:** Carson City, 89711

**Phone:** 775-684-4983

**Fax:**

**E-mail:** kdefer@dps.state.nv.us

**Budget Summary:**

Planning	Training	Equipment	Operations	Total*
		35,540		35,540

Round up total\* to the nearest dollar

**AGENCY APPROVAL (Department head of state agency):**

On behalf of the above named agency, I certify this agency has reviewed this allocation application and agrees to abide by the Federal and State procedures which are related to the acceptance of funds.

  
Signature of Department head of state agency

3-24-25  
Date

Sheri Brueggeman DPSDD  
Print Name and Title

**PROJECT MANAGER APPROVAL (Chief/Administrator of division of the state agency):**

  
Signature of Project Manager

CHIEF

3/19/2025  
Date



Print Name and Title

## I. GOALS:

*Tell the SERC what you want to accomplish with this allocation. **Provide a separate discussion of each goal and justify its need towards the prevention, mitigation and/or response to hazardous materials incidents involving transportation.** The goals are general statements of desired results and identify intended outcomes the program has established to achieve. Justification to prevent, mitigate and/or respond to hazardous materials incidents must be addressed.*

*Click inside gray box to begin typing*

**Nevada State Capitol Police is looking to enhance its response capabilities in response to events where potentially hazardous chemical munitions and/or other hazardous gases are being deployed during a civil disturbance.**

**To enhance the safety of responding officers, the Nevada Capitol Police is looking to add Avon gas masks for each officer to enhance their safety and protection from exposure to chemical munitions and/or unknown hazardous chemical gases being deployed by those engaging in criminal, riotous activity.**

**To ensure the proper mask fit and functionality of the requested masks, the Nevada Capitol Police is looking to procure a fit testing system. This system will ensure proper fit and seal of the gas mask, and ensure we remain in compliance with OSHA standards.**

## II. OBJECTIVES:

*How do you plan to achieve the goals listed above? Include specific uses of this allocation funding to prevent, mitigate and/or respond to hazardous materials incidents. Objectives focus on the methods/activities to be used to achieve the goals they support.*

*Answer these questions in each objective:*

- ✓ *WHAT will be purchased with these funds?*
- ✓ *WHO will complete the purchases awarded?*
- ✓ *WHEN will the purchases be made and the activity implemented?*

*Click inside gray box to begin typing*

**What:**

- 1. 38 Avon C50 First Responder gas masks**
- 2. 1 Quantifit2 Respirator Fit Testing System (Including rechargeable battery and 3-year calibration and maintenance plan)**

**Who:**

**The Capitol Police will make this purchase and receive it into the Capitol Police Inventory**

**When:**

Purchase of the requested equipment will take place during FY2026 after the grant award.

### III. BUDGETS:

#### Planning:

*Requests to contract with a consultant must be accompanied by at least two competitive bids. The bids must include an itemized quote and detailed scope of work from the consultant.*

#### Training:

*All training requests other than conferences must first be made through the State Fire Marshal's office (SFM) and the Department of Emergency Management (DEM). If the SFM or DEM declines the training, the request may be included in the allocation application along with the letter of declination.*

*Requests to contract to provide training must be accompanied by at least two competitive bids. The bids must include an itemized quote and detailed scope of work from the consultant.*

*State per diem rates (which generally follow the federal GSA rates; <http://www.gsa.gov>) will prevail unless local rates are less. Travel eligibility requirements and rates are further defined in SERC policy 8.5. The rates listed below are for the calendar year 2024 only and are subject to change.*

*If a privately owned vehicle is used for agency convenience, mileage may be reimbursed at the State rate, currently **.655** cents per mile. If a personal vehicle is used for personal convenience, the reimbursement allowed is **.3275** cents per mile. If an agency vehicle is used, reimbursement may be made for fuel charges based on receipt or agency fuel logs. Airport parking (**most economical lot only**) and ground transportation expenses are reimbursable upon presentation of receipts. Rental cars must be pre-approved by the SERC.*



*Double click on any box to open an embedded Excel Spreadsheet to enter your data when finish click anywhere outside the box to re-embed the data into the Word document and then SAVE your work!!!*

Course / Conference Costs				
Course / Conference Title:				
Registration	Cost per Attendee	# of Attendees		\$0.00
Hotel	Cost per Night	# of Nights	# of Rooms	\$0.00
Per Diem	Cost per Day	# of Days	# of Attendees	\$0.00
Transportation	# of Miles (Round Trip)	Personal Vehicle	# of Vehicles	\$0.00
		0.655		
	# of Miles (Round Trip)	Personal Convenience	# of Vehicles	\$0.00
		0.3275		
	Public Transportation	Total \$ Amount		\$0.00
Cost of Airline Ticket	# of Tickets		\$0.00	
Parking	Cost per Day	# of Days	# of Vehicles	\$0.00
Total Course / Conference Costs:				\$0.00
Total Training Costs:				\$0.00

Training Costs: Registration fees, per diem and travel costs should be included in this section			
Course Title	Itemized Travel Expenses	Registration Fees	Amount Requested
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
<b>Totals:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Equipment:

Equipment will be considered based on the state contract prices, as applicable. Please consult the State Purchasing Division's website at <http://purchasing.nv.gov/contracts/> to determine contract prices. If requesting an item from a state contract, please include a copy of the webpage with your application. Equipment requests other than those on the state's contract or higher priced than those on this list must be accompanied by a quote from the vendor and justification. Communications equipment is subject to the completion of the attached Communications Interoperability Questionnaire.



Communications  
Interoperability Que

Equipment Costs:			
Item	Quantity	Unit Price	Amount Requested
Itemized Equipment List will be attached totaling			Exact \$ from list
C50 First Responder Kit MED (gas mask)	38	\$610	\$23,180
QuantiFit2 Respirator Fit Testing System	1	\$9,450	\$9,450
Kit 1F 40MM DIN Single Screw In Adapter	1	\$385	\$385
Rechargeable Battery for QuantiFit2	1	\$450	\$450
3-Year QuantiFit2 Prepaid Calibration and Maintenance	1	\$2,075	\$2,075
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
<b>Total Equipment Costs:</b>			<b>\$35,540</b>



#### IV. BUDGET NARRATIVE

*This is an explanation of the line items identified in each category. The budget narratives must explain the use of the requested allocation funds. Budget narratives must be included for each category for which there is a request for items/services. Justify the relationship between the items listed within each category and the goals and objectives of this allocation request. The budget narratives must tie each item requested to the goals and objectives of this project.*

##### **Planning -**

*Explain the basis for selection of each consultant and describe how the service to be provided is essential to achieving established goals. Provide an explanation if the planning request does not correspond with the declared level of response due to formal agreements with other entities.*

*Click inside gray box to begin typing*

**N/A**

##### **Training -**

*Explain the purpose of the training and how it relates to achieving established goals. Provide location of training, duration, itemized transportation and per diem expenses. If applicable, attach a copy of the letter of declination from SFM. Provide an explanation if the training request does not correspond with the declared level of response due to formal agreements with other entities.*

*Click inside gray box to begin typing*

**N/A**

##### **Equipment -**

*Describe the equipment and how it will benefit the project, and why it is necessary to achieving established goals and objectives. Provide an explanation if the equipment request does not correspond with the declared level of response due to formal agreements with other entities.*

*Click inside gray box to begin typing*

**Budget line items 1-4 will enhance the safety and protection of officers responding to an event where chemical munitions are being deployed or where anyone who is causing a civil disturbance deploys hazardous gases which without the protection offered from the mask would place officers in danger. Also, having the ability to properly conduct fit testing will ensure proper functionality of the gas mask.**

**Budget line item 5 will ensure the fit testing equipment can be serviced, ensuring proper functionality, allowing the Capitol Police to perform the necessary fit testing with accurate calibration and the ability to have the machine serviced if necessary.**

## CERTIFIED ASSURANCES For State Agencies

### Allocation Title: 2025 SERC Allocation

Upon acceptance of funding from the State of Nevada Emergency Response Commission (SERC), the applicant and the lead governmental unit hereby agree to the following Certified Assurances governing the awarding of funds:

- A) The recipient assured compliance with the Nevada Administrative Code (NAC) 459.9912 et seq. and SERC policies found at <http://serc.nv.gov>.
- B) **FINANCIAL REPORTS** – The recipient is required to submit, at a minimum, quarterly financial report to the SERC. Reporting must be made in accordance with all applicable federal, state, and local laws and regulations, and SERC Policies 8.5 and 8.6.

No expenditures or obligations will be eligible for reimbursement if occurring prior to or after the award period. All funds need to be obligated by the end of the allocation period and expended by the final report date as stated in the allocation award cover letter. Failure to submit proper reports pursuant to current policies may jeopardize future funding from the SERC.

- 1) **Request for advance:** May be requested only if expenses total over \$2,000.00 and is accompanied by a dated purchase order or quote. Complete and submit a financial report form with the appropriate “request for advance” box checked.
- 2) **Report on expenditure of advance:** Show the actual expenditure of the advanced funds. Complete and submit a financial report form with the appropriate “report on expenditure of advance” box checked. This report is due **within 30 days** of the date of the advanced check and must include copies of dated invoices and proof of payment. If the amount advanced is more than the amount spent or the advanced amount is not spent within the 30 days, the unexpended funds are to be returned to the SERC within 45 days of the date of the check.
- 3) **Request for reimbursement:** Complete and submit a financial report form, at a minimum quarterly, for all expenditures funded by the allocation. Include a summary breakdown of expenses, copies of dated invoices, proof of payment and any other documents required by SERC policies. Any other form of documentation for expenditures must be approved by the SERC staff. If additional funds are used toward the project, report those expenditures as a **match** in the appropriate line on the report form.



- 4) **Quarterly report required:** If there are no expenditures within the quarter, a report with an explanation of why and the plan for future expenditures is due by the end of the month following the end of the quarter. Due dates for quarterly reports are as follows:

**October 31** - for reporting period July 1 to September 30;  
**January 31** - for reporting period October 1 to December 31;  
**April 30** - for reporting period January 1 to March 31; and  
**July 31** - for reporting period April 1 to June 30.

- 5) **Final report:** There will be no further expenditure, the allocation is closed, and no further reports are necessary. This report is due within 45 days after the end of the award period, or any time prior to the end of the award period if no further funds are spent.
- C) **EXERCISE REPORTS** – To be eligible for funding, the state agency must report to the SERC by January 31<sup>st</sup> of each year on at least one real event and/or tabletop, functional, or full-scale exercise or drill which utilizes and implements the hazardous materials emergency response plan. An exercise is required at least once every third year.
- D) **CHANGE REQUEST** – Allocation expenditures are authorized for the purposes set forth in this application, as approved in the allocation award, and in accordance with all applicable laws, regulations, and policies and procedures of the State of Nevada and the applicable federal granting agency. Request for change in the project must be submitted to the SERC and approved in writing prior to its implementation. Approval may be required by the Funding Committee if the change is significant (SERC Policy 8.7).
- E) The recipient assures, through the submission of the application for funding, neither the lead agency, county government nor any of its participating agencies are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in the transaction by any federal department or agency.
- F) The recipient assures the fiscal accountability of the funds received from the State Emergency Response Commission will be managed and accounted for by the lead agency's chief comptroller and internal control and authority to ensure compliance with SERC's documentation, record keeping, accounting, and reporting guidelines will reside with that individual.
- G) SERC will reimburse the recipient reasonable, allowable, allocable cost of performance, in accordance with current federal requirements, Nevada Revised Statute, Nevada Administrative Code, State Administrative Manual, SERC policies and any other applicable fiscal rules, not to exceed the amount specified at the total award amount.

- H) The recipient assures it shall maintain data and information to provide accurate financial reports to SERC. Said reports shall be provided in form, by due dates and containing data and information as SERC reasonably requires to administer the program.
- I) The recipient assures financial reports shall be submitted within 30 calendar days of the end of each calendar quarter and within 45 days of the end of the project period and shall be current and actual.
- J) The recipient assures funds made available under this allocation will not be used to supplant state or local funds.
- K) The recipient assures that it will comply with applicable federal cost principles and administrative requirements appropriate to the allocation as follows:
1. OMB Circular A-87, *Cost Principles for State, Local & Indian Tribal Governments*
  2. OMB Circular A-102, *Common Rule-Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments*
  3. 28 CFR 66, *Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments*
  4. OMB Circular A-133, *Audits of States, Local Governments and Nonprofit Organizations*
- L) The recipient and its contractors assure compliance with the below in any programs and activities receiving federal financial assistance:
- Title VI of the Civil Rights Act of 1964*, which prohibits discrimination on the basis of race, color and national.
- 49 CFR 21*, Nondiscrimination in Federally Assisted Programs of the Department of Transportation, Effectuation of Title VI of the Civil Rights Act of 1964.
- Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990*, which prohibits discrimination based on disability.
- The Age Discrimination Act of 1975*, which prohibits unreasonable discrimination based on age.
- Title IX of the Education Amendments of 1972*, which prohibits discrimination based on gender in educational activities.

- M) Any publication (written, visual, or audio) issued by the recipient describing programs funded whole or in part with federal funds, shall contain the following statement:

"This program was supported by Allocation #\_\_\_\_\_, awarded by the Nevada State Emergency Response Commission (and, if an HMEP allocation, the U.S. Department of Transportation). Points of view or opinions contained within this document are those of the author and do not necessarily represent the official position of policies of the State Emergency Response Commission (and, if an HMEP allocation, U.S. Department of Transportation)"

- N) The recipient fully understands the State Emergency Response Commission has the right to suspend, terminate or de-obligate funds to any recipient that fails to conform to the requirements or the terms and conditions of its allocation award.
- O) **LOBBYING** - No funds appropriated will be paid, by or on behalf of the recipient, to any person for influencing or attempting to influence an officer, employee, or a member of Congress, or an officer, employee, or any member of the Nevada State Legislature.
- P) Project related income, (i.e., registration fees, royalties, sales of real and personal property) must be used for the purpose of furthering the goals and objectives of the project or program from which the income was generated. Interest earned must be returned to the State Emergency Response Commission.
- Q) All activities and purchases utilizing any SERC administered sources of funding must comply with all local, state and federal laws and regulations as well as grant specific requirements. It is the responsibility of sub-grantees to be familiar with any such laws, regulations and requirements.

The recipient acknowledges receipt of these Certified Assurances and hereby assures adherence to all the above conditions of an allocation award from the SERC.

**AGENCY APPROVAL (Department head of state agency):**

Name (print):

Shen Bueggemann Title: SPS & D

Signature:

Date

3-24-25

**PROJECT MANAGER APPROVAL (Chief/Administrator of division of the state agency):**

Name (print):

JOHN LETOS

Title:

CHIEF

Signature:

Date

[Signature]

3/19/2025

**RETURN THIS SIGNED FORM WITH APPLICATION**

# STATE AGENCY COMPLIANCE CERTIFICATION

The following requirements must be met by State Agencies for compliance with federal and State laws and regulations, SERC policies and procedures. This checklist must be completed, signed and returned with the application.

**A check mark in the squares on the left will indicate a YES response.**

- ☐ Has the head of the State agency prioritized the request and signed the application and Certified Assurances?
- ☐ Has the agency identified which emergency response plan it operates under and what its role is in that plan?

What Plan?

Role in Plan?

- ☐ Has the agency identified its role, if any, in the State Hazardous Materials Emergency Response Plan?

Role in Plan?

- ☐ Has the agency reviewed and updated its hazardous materials emergency plan (or hazmat portion of the jurisdiction's "all hazards" plan), NRT-1A, Level of Response Questionnaire and Letter of Promulgation within the last year? Have the review results and updates been submitted to the SERC in writing by January 31<sup>st</sup>?

Plan update –	Date:	Submitted:
NRT – 1A update –	Date:	Submitted:
Level of Response Questionnaire update –	Date:	Submitted:
Letter of Promulgation update –	Date:	Submitted:

- ☐ Have all required reports been submitted to the SERC which summarize the financial management of the active allocations?
- ☐ Has the agency reported on at least one incident or exercise (exercise required at least every third year) of its hazardous materials emergency response plan by January 31<sup>st</sup>?
- ☐ Has Agency read SERC policies?

Indicate the date of the most recent exercise:	Submitted:
Indicate the date of an incident report used in lieu of an exercise:	Submitted:

As head of the

State Agency

I attest all information provided on this Compliance Certification is accurate

  
State Agency Department Head Signature

  
Date

**RETURN THIS SIGNED FORM WITH APPLICATION**



# BOTACH

**4775 West Harmon Avenue  
Las Vegas, NV 89103 USA**

## Quote

Quote	Q47752
Date	3/19/2025
Customer ID	5283

**Bill To:**

Nevada Department of Public Safety, Capital  
Police  
John Letos Jr.

**Ship To:**

Nevada Department of Public Safety, Capital  
Police  
John Letos Jr.

Terms		Rep		Shipping Method	
Due on receipt		samy@botach.com			
Qty	Item Number	Contract Number	Item Description	Unit Price	Ext. Price
38	70501-556	47QSHA19D003Y	C50 First Responder Kit MED	\$610.00	\$23,180.00
				Subtotal	\$23,180.00
				Sales Tax	\$0.00
				Freight	\$0.00
				Convenience Fee	\$0.00
				Total	\$23,180.00

BOTACH INC.

GSA Contract #: 47QSHA19D003Y (End Date: Jun 9, 2029)

DUNS: 965068661

CAGE Code: 1JFW6

Phone #	Fax #	E-mail	Web Site
1 (786) 282-8680	1 (323) 545-6551	chushim@botach.com	<a href="http://www.botach.com/">http://www.botach.com/</a>

**Nevada Department of Public Safety**

555 Wright Way  
Carson, NV  
United States

Quote number: 20250319-163952448

Quote created: March 19, 2025

Quote expires: April 18, 2025

**John Letos**

jletos@dps.state.nv.us  
775-684-4542

**Comments from Joshua**

Except as otherwise provided in the quotation or order acknowledgement, as the case may be, the price does not include any Federal, State, or local taxes or duties.

Item & Description	Unit Price	Quantity	Total
FTK 9519-4200 QuantiFit2 Package: QuantiFit2 Respirator Fit Testing System with Bluetooth®. Includes Logic Software, Roller Case, Triple Tube Assembly, USB Cable, Power Supply, Shell for Battery Compartment and Lifetime Powertrain Warranty†. (Fit test adapters sold separately.)	\$10,500.00	1	\$9,450.00 after 10% discount
FTK 9513-0130 F Kit 1F 40 MM DIN Single Screw In - Pure Integrated Valve Prop Adapter	\$385.00	1	\$385.00
FTK 3010-4023 Rechargeable Battery for QuantiFit2 or AeroFit	\$450.00	1	\$450.00
SERP 9519-4020/3 3-Year QuantiFit2 Prepaid Calibration & Maintenance Package.	\$2,075.00	1	\$2,075.00
One-time subtotal			\$12,360.00 after \$1,050.00 discount
Total			\$12,360.00

Joe Lombardo  
Governor



Nevada Department of  
**Public Safety**  
Dedication Pride Service

George Togliatti  
Director

Sheri Brueggemann  
Deputy Director

## Capitol Police

101 North Carson Street  
Carson City, Nevada 89701  
Telephone (775) 684-5700  
Fax (775) 684-4541

John Letos, Jr.  
Chief

## LETTER OF PROMULGATION


To the Citizens of Carson City and the employees of the Nevada State Capitol,

The Capitol Police mission is to ensure the safety and security of all state employees and visitors. We are dedicated to upholding the highest standards of integrity, professionalism, and service. Through proactive law enforcement, community engagement, and strategic partnerships, we strive to prevent and respond to crime, uphold the rule of law, and promote a secure environment. With a commitment to transparency, and accountability, we aim to earn the trust and confidence of the citizens we serve, fostering a safer, more resilient Nevada for everyone.

A key element to achieving this mission is threat analysis, and preparation to mitigate and/or respond to threats. Hazardous materials in the form of chemical, biological, radiological, nuclear, and explosives pose a potential risk to the Capitol.

As part of our preparation efforts, the Capitol Police has created a Hazardous Materials Response Plan which will serve as the starting point for response to a hazardous material incident. A response to a hazardous material incident would be a collaborative effort with the 92<sup>nd</sup> Civil Support Team and local agencies.

Training is a key element in preparation for such incidents and our plan incorporates yearly training with the 92<sup>nd</sup> Civil Support Team and Capitol Police sworn personnel. The goal of this training is to achieve an optimal level of preparedness for potential incidents. Like all emergency plans, this is a living document that can be enhanced as more knowledge and elevated tactics become available.



John Letos Jr,  
Chief



# State Agency Level of Response Questionnaire

The State Emergency Response Commission (SERC) is continuing to update its list of local response levels and capabilities. In doing so, we ask your cooperation in completing this brief questionnaire. The information will be shared with all Local Emergency Planning Committees (LEPCs) to help facilitate coordinated response efforts.

State Agency: **Nevada Department of Public Safety, Capitol Police**

Date: **April 7, 2025**

Name of person completing this questionnaire: **Chief John Letos Jr.**

**1. What is the State Agency's declared Level of Response? (mark all that apply)**

Awareness ☐

Operations ☒

Technician ☐

Is this level designated in the hazardous materials emergency response plan?

Yes ☒

No ☐

Does the agency respond at a higher level of response due to agreements with other entities?

Yes ☐

No ☒

**2. How many responders are trained in accordance with the OSHA 1910.120 Standards?**

(Refer to Question #1)

Awareness Level

Operations Level **24**

Technician Level

Incident Commander **4**

Specialist Level

**3. Is there any special training, not required under OSHA 1910.120 Standards, provided to first responders? If yes, please explain.** (Example: Awareness Level personnel are trained in decontamination procedures.)

Awareness Level

Operations Level **Capitol Police conducts yearly training with the Nevada National Guard Civil Support Team for response to a CBRNE incident.**

Technician Level



# NV State Emergency Response Commission EXERCISE REPORTING FORM

## Part I - General Information

<b>1. Jurisdiction</b> <b>State of Nevada</b>		<b>2. Were SERC funds received for this exercise?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>3. Date(s) of Event:</b> Begin: <b>04/11/2024</b> End: <b>04/11/2024</b>	
<b>4. Type of Event – Exercise</b> <input type="checkbox"/> Tabletop <input checked="" type="checkbox"/> Full Scale <input type="checkbox"/> Functional		<b>OR</b>		<b>5. Actual Incident</b> (exercise credit being requested) <input type="checkbox"/> Local Declaration <input type="checkbox"/> Federal Declaration <input type="checkbox"/> State Declaration	
<b>6. Focus On:</b> <input type="checkbox"/> Mitigation <input type="checkbox"/> Recovery <input checked="" type="checkbox"/> Response					
<b>7. Hazard Scenario</b> Provide narrative scenario of exercise / incident or, if applicable, attach incident report (may use reverse side of form) Please enter only one (1) P for the Primary Hazard and one (1) or more S's for the Secondary Hazard(s)					
<b>Natural Hazards</b>		<b>National Security</b>		<b>Terrorism</b>	
P   S	P   S	P   S	P   S	P   S	P   S
<input type="checkbox"/> Avalanche <input type="checkbox"/> Dam Failure <input type="checkbox"/> Drought <input type="checkbox"/> Earthquake <input type="checkbox"/> Flood <input type="checkbox"/> Hurricane	<input type="checkbox"/> Subsidence <input type="checkbox"/> Tornado <input type="checkbox"/> Tsunami <input type="checkbox"/> Volcano <input type="checkbox"/> Wildfire <input type="checkbox"/> Winter Storm <input type="checkbox"/> Other:	<input type="checkbox"/> Chemical / Biological <input type="checkbox"/> Civil Disorder <input type="checkbox"/> Conventional Attack <input type="checkbox"/> Increased Readiness <input type="checkbox"/> Low-Intensity Conflict <input type="checkbox"/> Nuclear Attack <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Biological <input type="checkbox"/> Chemical <input type="checkbox"/> Explosive <input type="checkbox"/> Hostage <input type="checkbox"/> Nuclear <input type="checkbox"/> Other:		
<b>8. Technological / Man-Made Hazards</b>					
P   S	P   S	P   S	P   S		
<input type="checkbox"/> Dam Failure <input type="checkbox"/> Exposure <input type="checkbox"/> Hazardous Materials / Fixed Facility <input type="checkbox"/> Hazardous Materials / Transportation	<input type="checkbox"/> Power Failure <input type="checkbox"/> Radiological / Fixed Facility <input type="checkbox"/> Radiological / Transportation <input type="checkbox"/> Structure Fires	<input type="checkbox"/> Transportation Accidents (Air / Rail / Highway / Water) <input type="checkbox"/> Other:			
<b>9. Indicate the Number of Participants in each Category</b>					
Appointed Officials Civil Air Patrol Communications Elected Officials Emergency Management	Finance Fire Health & Medical Human Services Law Enforcement	Local Emergency Planning Committee Private Industry Public Information Public Participants	Public Works Radiological School Personnel Other:		
Please list individually for the following categories					
<b>Federal Agencies:</b>	<b>Military:</b>	<b>Volunteer Agencies:</b>	<b>Other:</b>		
_____ _____	<u>10</u> _____	_____ _____	_____ _____		
<b>Total Participants: <u>18</u></b>					

## Part II - Actual Occurrence

The follow information is to be provided when requesting exercise credit for an actual incident	Number Fatalities <u>0</u>	Number Injured <u>0</u>	Number Evacuated <u>Simulated</u> <u>75</u>	Number Sheltered <u>0</u>	Estimated Public Damages <u>0</u>	Estimated Private Damages <u>0</u>
---	-------------------------------	----------------------------	---	------------------------------	--------------------------------------	---------------------------------------

## Part III - Corrective Actions **\*\*Required\*\***

### Narrative of use of Hazardous Materials Plan

11 APR 24

0700 Training Team arrives and sets props in Gwinn Room

0800 92nd CST arrives and establishes operations.

1000-1500 (approximately) HAZMAT entries to Gwinn Room

1800 End of operations.

POC for the exercise will be SGT Barbieri.

Area of Interest: Gwinn Room of the Annex (2nd Floor). We understand that personnel might be working, but that won't interfere with our training. My general idea to emplace some sort of CBRN Dispersal Device. Right now, I'm leaning BIO, as it is safer for the general public. For a BIO agent, I use yeast to simulate a Biological Warfare Agent.

Footprint: The paths to the East and South of the Annex. We will remain on the pavement.

Incident Command Post: Room in the Supreme Court Building. If we can't get the Supreme Court, we will set up a minivan for our command post in that general area.

Capitol Police will be initial Incident Command. After a quick update, create a Unified Command.

Water for Decon: Typically, we don't use more than 50 gallons. I'll coordinate with Carson City Public Works for permission to draw from the hydrant to the southeast of the Capitol.

Restrooms: Entrance on East side of Capitol. We will need access (key card, etc) to give to the team for the day.

Right now, I don't see any show-stoppers. Please contact me if you have any questions/concerns

### Narrative of Corrective Actions

Exercise went well and no corrective actions were necessary

## Part VI - Signature

\_\_\_\_\_  
LEPC Chair Signature

\_\_\_\_\_  
LEPC Chair Name

\_\_\_\_\_  
Date

# NRT-1A Checklist

State Emergency Response Commission

## Planning and Training Sub-Committee

County: **Carson City**

Date: **4/8/2025**

1. Identify facilities subject to TIER II reporting requirements and identify transportation routes.  
Page # (s): **N/A**
2. Describe Emergency Response Procedures to be followed, on and off site.  
Page # (s): **2-3**
3. Designation of Community Coordinator and Facility Coordinator(s) to implement the Plan.  
Page # (s): **2**
4. Outline Emergency Notification Procedures.  
Page # (s): **2**
5. Describe methods for determining probable affected areas and populations by releases.  
Page # (s): **2**
6. Describe Emergency Equipment in the Community and at Facilities and the persons responsible for them.  
Page # (s): **2-3**
7. Outline Evacuation Plans.  
Page # (s): **2**
8. Provide a Training Program for Emergency Responders.  
Page # (s): **3**
9. Provide methods and schedules for exercising Emergency Response Plans.  
Page # (s): **3**

Remarks/Overall Comments:

**Sergeant Joseph Barbieri**

Reviewed By

**4/8/25**

Date



## **EXERCISE/INCIDENT & HAZARDOUS MATERIALS PLAN CHECKLIST**

### **A Complete Exercise/Incident Must Include the Following**

- ☒ Completed & Signed Exercise Reporting Form (choose only Exercise or Incident)
- ☒ Narrative Explaining the Event, to include:
  - ☒ How the Hazmat Materials Plan was used
  - ☒ What Corrective Actions, if any, were identified
  - ☒ Hazardous Materials used as part of the event
  - ☒ Event happened in previous calendar year

### **A Complete Hazmat Materials Plan Must Include the Following**

- ☒ The Plan was reviewed within the last year, and:
  - ☒ The entire Plan has been updated or
  - ☒ Individual inserts have the date noting when the insert was updated
- ☐ LEPC Minutes approving the updated Plan
- ☒ Completed Level of Response Questionnaire
- ☒ Current Letter of Promulgation
- ☒ Current Contact List
- ☒ Current Equipment List
- ☒ Completed NRT-1A, to include:
  - ☒ Correct page numbers to match the Hazmat Materials Plan
- ☒ Level of Response is noted in the Plan
- ☒ **Facilities List with Tier II facilities easily identified**  
Facility Reports have been created in the Online Hazmat Reporting System: All Facilities / Tier II Facilities
- ☒ **Current** Training Program and Schedule
- ☒ **Current** Exercise Program and Schedule

### **BEST PRACTICE WILL Include the Following**

- ☒ Exercise/Incident Report – Corrective Actions from previous year exercise incorporated into this year's exercise
- ☒ Plan – Corrective Actions from Previous year exercise incorporated into the Plan updates
- ☒ Plan – Detailed information how emergency responder is to learn about/sign up for training



# Nevada State Police Capitol Police Division



## Hazardous Material Response Plan

April 7, 2025

**For Official Use Only**

NOTICE: This document contains information pertaining to the deployment mobilization and tactical operations on the Nevada Capitol Police (NCP) in response to emergencies. It is exempt from disclosure under Nevada state law.

# Hazardous Material Response Plan

Hazardous materials present potential harm to employees resulting from exposure. To comply with Nevada law, the following represents the policy for the Nevada State Police, Capitol Police Division. Possible affected areas include the Nevada State Capitol located at 101 N. Carson St. Carson City, NV and all employees and visitors within the building (number of occupants can vary significantly at any given time).

## Definition

Hazardous material includes, without limitation, a regulated substance, a pollutant, and a contaminant (NRS 459.429). Hazardous materials, hazardous substances, hazardous waste, and regulated substances identified in NRS 459.428, NRS 459.429, NRS 459.430, NRS 459.432, NRS 459.448, NRS 459.465 and NRS 459.7024 are hazardous materials.

## Response

The Capitol Police under Incident Command System (ICS) would establish Incident Command. In the event of a Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) incident, the Nevada National Guard 92<sup>nd</sup> Civil Support Team (CST) would be deployed to the location and a Unified Command would be established.

Employees may encounter situations involving suspected hazardous materials, such as a CBRNE attack or in the event of dispersal agents being deployed for riot control in which Capitol Police personnel would be required to don personal protective equipment (PPE) (gas mask).

In the event of a CBRNE attack, employees would notify Capitol Police personnel via 775-684-5700 or directly at the Capitol fixed post location. Capitol Police will be the first responders to the incident and will assess the situation. Depending on the circumstances, evacuation or shelter in place orders will be issued via the Mass Notification System.

In the event of exposure, specific response and (if applicable) decontamination efforts will be coordinated with the CST.

In the event of a riot requiring the dispersal of chemical agents, Incident Command will notify civilian employees via the Mass Notification System to shelter in place and for those who are not present at the building, they will be notified via Ccure text alert to not return to the building until deemed safe.

Capitol Police will don gas masks.

In the event of exposure to hazardous chemical agents, Incident Command will coordinate treatment through Carson City Fire and “officer down” protocols will be utilized to remove the affected officer from the area.

## **Training**

Each calendar year Capitol Police personnel will conduct a training exercise with the 92<sup>nd</sup> Civil Support team.

Each calendar year employees will have a refresher course on HAZMAT Awareness and will review the HMRP.

## **Hazardous Material List**

101 N. Carson St. Carson City, NV 89701

This location has no reportable levels of hazardous materials

## **Spill Control Materials Inventory**

Due to no reportable levels of hazardous materials, there are no on-site control materials.

Cleaning staff are equipped with PPE. All Capitol Police Sworn personnel are equipped with PPE for HAZMAT response

Carson City Fire station is located within a mile of the facility. Fire responders would support control measures.

# GRANT APPLICATION CHECK SHEET

LEPC: Capitol Police

☒ ~~LEPC is in compliance~~

Grant: OPT E 2026

☒ Received by Due Date

☒ Title Page – math is accurate / signed ~~Department Head~~  
~~Signature~~

☒ Goals completed

☒ Objectives completed

☒ Budgets

☐ ~~If Training – brochure included~~

☐ ~~If Training – DEM/SFM denial letters included~~

☐ ~~If Travel – GSA rates included~~

☒ If Equipment – quotes included

☐ ~~If Radios – communications questionnaire included~~

☐ ~~Operations – is Clerical requested (check Budget Narrative)~~

☒ Budget Narrative(s) completed

☒ Certified Assurances completed / signed ~~Department Head~~

☒ LEPC Compliance Certification completed / signed

☐ ~~If HMEP – Activity Request Form completed~~

☐ ~~If HMEP – Activity Request will need to be approved by HMEP~~

☐ ~~LEPC meeting minutes approving submittal of grant application~~

Grant \$ amount: \$35,540 Total \$ amount available: \$36,000

Reviewed by: B.B. BH